

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16257

FILED JUN 4 1943

318

Registration District No.

Primary Registration District No.

1503

Registrar's No.

4618

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
In this community 31 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Carrie Johnson

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex Female 5. Color or race Col 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased July 1st 1885
(Month) (Day) (Year)

8. AGE: Years 57 Months 10 Days 13 If less than one day hr. min.

9. Birthplace Jackson Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business —

12. Name Van Parks

13. Birthplace Jackson Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Mary Parks

15. Birthplace Jackson Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Holy Parks

(b) Address 3310 Delmar Blvd

17. (a) Burial (b) Date thereof 5-19-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. H. Randleman

(b) Address 3133 Belle Ave

19. (a) MAY 1 1943 (b) J. H. Randleman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis, (If outside city or town limits, write "RURAL")
(d) Street No. 908 Biddle (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14, year 1943 hour 5 minute 05 A.M.

21. I hereby certify that I attended the deceased from 8, to May 14, 1943

that I last saw her alive on May 14, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration Unk.

Due to —

Due to —

Other conditions (Include pregnancy within 3 months of death) —

Major findings: Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State) —

(d) Did injury occur in or about home, on farm, in industrial place, in public place? —

While at work? (Specify type of place) (e) Means of injury —

23. Signature Elva M. S. S. S. (M. D. or other) —

Address 2601 N. 2nd St. Date signed 5/14/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No.

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.